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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
	S//D/OS F G'/ AFPLICATION AS FILED - PART I							ENTITY	OR		R THAN ENTITY
FOR		NUM	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)]	RATE (\$)	EEE (E)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(c))				1	295.W	395.0	1	10010 (4)	FEE (\$)
SEARCH FEE (37 CFR 1.16(k), (i), or (m))						1	1	75 -		<u> </u>	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				<u> </u>		1			ĺ		
TO	TOTAL CLAIMS (37 CFR 1.16(i))		minus 2	20 = -		1	x =			<u> </u>	
INDEPENDENT CLAIMS		AIMS /				-		 	OR	X =	
(37	CFR 1.16(h))	If the sp	minus ecification	1	exceed 100	-	* =			X =	
	If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each							-			
	CFR 1.16(s))			smail entity) for ets or fraction th		ı					
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	3950	PC	TOTAL	
APPLICATION AS AMENDED - PART II											
ŀ	. (Column 1) (Column 2) (Column 3)						SMALL ENTITY			R OTHER THAN SMALL ENTITY	
Y Y		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
頁	Total (37 CFR 1.16(i))	•	Minus	**	=		X =		00	x =	122(4)
AMENDMENT	Independent (37 CFR 1.16(h))	•	Minus	***	=		x =		OR OR	X =	
N N	Application Size Fee (37 CFR 1.16(s))								0.1		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TOTAL ADD'L FEE									OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
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ENDI	Independent (37 CFR 1.16(h))		Minus	***	=		x =		OR	x · =	
₩.									$\overline{}$		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
TOTAL OR TOTAL ADD'L FEE											
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 											

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U.S. Patient and Tradement Office; U.S. CEPARTIMENT OF CONMERCE

resion unless il displays e valid CNAS control mumber. Under the Paperbrork Reduction Act of 1995, no persons are required to respond to a collection of info PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Rumper 10-624603 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Cotumn 2) (Cotumn 1) FEE NUMBER EXTRA RATE MUMBER FILED FEE BASIC FEE (37 OFR 1.16(a)) 385 STATE OF œ TOTAL CLASAS (37 CFR 1.16(d)) 11 0 0 X E OR minus 20 • DIDEPENDENT CLAMS (37 CFR 1.16(b)) 0 1 0 merus 20 . œ X S 0 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(67) OR 385 TOTAL CR. TOTAL If the difference in column 1 is less than zero, order "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN QR (Column 2) (Cotumn 3) SMALL ENTITY SMALL ENTITY (Cotumn 1) CLAIMS REMADIING HIGHEST RATE PRESENT ⋖ NUMBER RATE ADOL TIONAL TECHAL EXTRA AFTER AMENDMENT PREVIOUSLY AMENDMENT FEE FEE PAID FOR 20 Total X 1 OR OF USE OR FRST PRESENTATION OF MEATIPLE DEPENDENT CLAUM (OF CFR 1.1869)) OR + 5 TOTAL ADD'L FEE ADD'L FEE OR 20 0 (Column 2) (Cotumn 3) CLAIMS HIGHEST PRESENT ADOI-TIONAL RATE ADDI RATE ø REMAINING NUMBER TIONAL PREVIOUSLY EXTRA AFTER . FEE FEE PAID FOR · Total prost Lugg O X S OR (D) GFR 1.10(10) X S OR FIRST PRESENTATION OF MATIFIE DEPENDENT CLAIM (OF CFR 1.1809). +\$ TOTAL TOTAL ADO'L FEE ŒR (Catumn 2) (Column 3) (Cotumn 1) HIGHEST CLADAS RATE ADDI-TIONAL PRESENT ADDI-TIONAL RATE REMAINING NUMBER PREVIOUSLY EXTRA AFTER FEE FEE MENDMENT PAID FOR Total COTOTA L. MOST OR ENDM X S to can i'retiril OR X \$ FIRST PRESENTATION OF MATURE DEPENDENT CLAIM (SF CFR 1.18(4)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "O" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3".

"If the "Highest Number Previously Paid For" If this SPACE is less than 3, enter "J".

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